

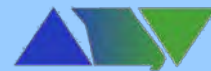
State of Missouri



Comprehensive Plan for Mental Health

Federal FY 2010 Action Plan Update

Creating Communities of Hope





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To ensure 24/7 availability and widest distribution, the *Missouri Comprehensive Plan for Mental Health Federal FY 2010 Action Plan Update* is available electronically at:
<http://www.dmh.mo.gov/transformation/transformation.htm>

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October 2, 2009

Marian K. Scheinholtz, Public Health Advisor
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, 6-1010
Rockville, MD 20857

Dear Marian:

On behalf of the Mental Health Transformation Working Group (TWG), I am pleased to present the **Federal FY10 Plan Update** to Missouri's *Comprehensive Plan for Mental Health 2008-2013* approved by SAMHSA in June 2008.

The Plan Update was reviewed and approved by the TWG this past week and serves as a supplemental document to the Comprehensive Plan. It provides a detailed update to **Part 3-Initial Action Plan** that includes the following:

- A brief summary of progress through September 2009 for each of the 57 action items included in the action plan; and
- Updates to implementation steps, measures, and timelines for the federal Fiscal Year 2010 timeframe.

As you will see from this update, Missouri has made significant progress across the numerous action items outlined in the Comprehensive Plan. As always, we appreciate the ongoing leadership and support of SAMHSA on this very important national initiative and look forward to continuing this productive partnership in the year ahead.

Sincerely,

A handwritten signature in black ink that reads "Diane McFarland".

Diane McFarland
Project Director & Chair
Missouri Mental Health Transformation Working Group

cc: Governor Jay Nixon
Mental Health Transformation Working Group
Human Services Cabinet Council
Alan Kauffman, SAMHSA State Advisor



Missouri's Vision

Communities of Hope throughout Missouri support a system of care where promoting mental health and preventing disabilities is common practice *and* everyone has access to treatment and supports essential for living, learning, working and participating fully in the community.

Background and Overview

Through a bipartisan, cross-agency, public-private effort spearheaded by the Governor-appointed Transformation Working Group (TWG) and funded by the federal Substance Abuse Mental Health Services Administration (SAMHSA), Missouri created its first **Comprehensive Plan for Mental Health** <http://www.dmh.mo.gov/transformation/FINALVERSIONJULY12008.pdf> in the spring of 2008 to address the mental health needs of Missourians across the lifespan.

Hundreds of Missourians dedicated their time and expertise to create the plan through participation in workgroups, focus groups, interviews, and public hearings throughout the state. What emerged was a **shared vision and common agenda** for a transformed mental health system in Missouri. The common agenda is reflected through the **six strategic themes, six goals, and twenty-one objectives** outlined on the following pages. Core strategies were developed for each of the objectives, along with an action plan initially containing 61 priority action items. The Comprehensive Plan was adopted by Missouri leaders, submitted to SAMHSA in March 2008, and approved by SAMHSA in June 2008. The first update to the Comprehensive Plan, completed in the fall of 2008, included two additional action items, which brought the total to 63.

As the state's mental health authority, the Department of Mental Health is in the forefront of the effort to improve the quality of life for Missourians who face mental health issues. However, recognizing that the duty to fulfill mental health services and meet mental health needs is not confined to any one particular group or agency, the TWG is focused on collaboration of the state's human service agencies, education agencies, and other public and private service entities and organizations for the benefit of all Missouri's citizens.

Action Plan Organization

This document provides an update of activities overseen by the TWG during Federal Fiscal Year (FFY) 2009, beginning October 1, 2008, and ending September 30, 2009. As in last year's **Plan Update**, the table that begins on page 9 includes a description and a progress update of each Action Item. This year, the items are organized under the four major initiatives of mental health transformation: ***Changing Attitudes and Building Hope, Advancing Community Health and Wellness, Building Strong Systems of Care, and Promoting Real Voices and Real Choices***. In addition, any items included in the previous **Plan Update** that were completed in FFY 2008 are not listed in this report.

For the sake of efficiency and tracking, several action items have been combined and some others added, deleted or updated. Those changes include the following:

(See appendix for Legend of Abbreviations.)











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- ▶ All activities related to **School-Based Mental Health Services** have been combined into one priority action item.
- ▶ All activities related to **Suicide Prevention** have been combined into one priority action item.
- ▶ The item on **Capacity Development Analysis** has been deleted as new priority was established.
- ▶ The **Housing Workgroup** and **Housing Registry** action items have been combined.
- ▶ The **Language Translation** item has been deleted, and all actions related to **Cultural Disparities** have been combined.
- ▶ The **Children's System High User Analysis** item was eliminated, and the **Children's System of Care** has been added, incorporating **Wrap-Around Fidelity** and **Transitional Youth** items.
- ▶ An item was added on **Mental Health Prisoner Re-entry**.

Accounting for the combined, deleted, and added items, this **Plan Update** provides progress on 57 action items. Each entry includes information on lead agency, related goals, level of complexity, target population, and proposed start and end dates. The legend of abbreviations and acronyms used in the **Action Plan** is contained in the Appendix on page 36.



<div>  <div> MISSOURI MENTAL HEALTH TRANSFORMATION STRATEGIC THEMES “Creating Communities of Hope” <i>Moving Missouri Toward a Public Health Approach</i> </div>  </div>		
MOVE FROM:		MOVE TO:
CULTURE OF CRISIS/ RISK OF HARM	→	CULTURE OF HOPE/ FIRST...”DO NO HARM” 
“NO WHERE TO GO”	→	EASY, EARLY AND EQUAL ACCESS 
DISABILITY FOCUS	→	WELLNESS FOCUS WITH PREVENTION AND EARLY INTERVENTION 
BUREAUCRACY/ PROVIDER DRIVEN CARE	→	CONSUMER DIRECTION AND EMPOWERMENT 
“POCKETS” OF EXCELLENCE	→	UNIVERSAL BEST PRACTICES 
FRAGMENTED & CENTRALIZED SYSTEM	→	SHARED OWNERSHIP & INVESTMENT (STATE-LOCAL, PUBLIC-PRIVATE) 

(See appendix for Legend of Abbreviations.)



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GOAL 1: MISSOURIANS UNDERSTAND THAT MENTAL HEALTH IS ESSENTIAL TO OVERALL HEALTH	OBJECTIVE 1.1:	INCREASE PUBLIC UNDERSTANDING AND REDUCE STIGMA OF MENTAL ILLNESS, SUBSTANCE ADDICTIONS AND DEVELOPMENTAL DISABILITIES.	
	OBJECTIVE 1.2:	DEVELOP AND IMPLEMENT A STATE-WIDE PREVENTION FRAMEWORK THAT ADDRESSES COMMON RISK AND PROTECTIVE FACTORS.	
	OBJECTIVE 1.3:	INTEGRATE PUBLIC, PRIMARY AND MENTAL HEALTH CARE PRACTICES.	
GOAL 2: MISSOURI'S MENTAL HEALTH CARE IS CONSUMER AND FAMILY DRIVEN	OBJECTIVE 2.1:	INCREASE CONSUMER DECISION-MAKING AND SELF-DIRECTION OF INDIVIDUALIZED PLANS OF CARE.	
	OBJECTIVE 2.2:	EXPAND AND INTEGRATE PEER AND FAMILY SUPPORT SERVICES INTO THE SYSTEM OF CARE.	
	OBJECTIVE 2.3:	CREATE A CULTURE OF RESPECT, DIGNITY & WELLNESS AS THE MILIEU IN WHICH ALL MENTAL HEALTH SERVICES ARE PROVIDED.	
	OBJECTIVE 2.4:	INCREASE THE NUMBER OF CONSUMERS FULLY PARTICIPATING IN THE DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF THE SYSTEM.	
GOAL 3: MENTAL HEALTH DISPARITIES ARE ELIMINATED IN MISSOURI	OBJECTIVE 3.1:	IMPROVE ACCESS TO QUALITY CARE IN RURAL AND GEOGRAPHICALLY REMOTE AREAS.	
	OBJECTIVE 3.2:	IMPROVE ACCESS TO CULTURALLY COMPETENT CARE	
	OBJECTIVE 3.3:	INCREASE CONSUMER ACCESS TO PROGRESSIVE EMPLOYMENT OPPORTUNITIES IN INTEGRATED COMMUNITY SETTINGS.	
	OBJECTIVE 3.4:	INCREASE CONSUMER ACCESS TO SAFE AND AFFORDABLE HOUSING IN INTEGRATED COMMUNITY SETTINGS.	
GOAL 4: EARLY SCREENING, ASSESSMENT AND REFERRAL TO SERVICES ARE COMMON PRACTICE	OBJECTIVE 4.1:	PROVIDE TIMELY OUTREACH, SCREENING AND REFERRAL TO CARE THAT IS AGE AND CULTURALLY APPROPRIATE.	
	OBJECTIVE 4.2:	PROVIDE MENTAL HEALTH CONSULTATION AND SERVICES IN EARLY CHILDHOOD AND SCHOOL SETTINGS.	
	OBJECTIVE 4.3:	EXPAND COMMUNITY CAPACITY TO REDUCE AVOIDABLE USE OF EMERGENCY ROOMS, HOSPITALS AND OTHER INSTITUTIONAL CARE.	
GOAL 5: EXCELLENT MENTAL HEALTH CARE IS DELIVERED AND RESEARCH IS ACCELERATED	OBJECTIVE 5.1:	DEVELOP THE MENTAL HEALTH WORKFORCE	
	OBJECTIVE 5.2:	EXPAND EVIDENCE-BASED PRACTICES (EBPs) ACROSS THE STATE.	
	OBJECTIVE 5.3:	APPLY RESEARCH EVIDENCE MORE QUICKLY AND INVEST IN RESEARCH FOR NEW AND PROMISING PRACTICES.	
	OBJECTIVE 5.4:	DEVELOP AND IMPLEMENT A COMPREHENSIVE QUALITY MANAGEMENT SYSTEM.	
GOAL 6: MISSOURI COMMUNITIES ARE PROFICIENT IN MEETING LOCAL MENTAL HEALTH NEEDS.	OBJECTIVE 6.1:	CREATE CONSISTENT & FLEXIBLE POLICY/PRACTICES ACROSS STATE AGENCIES THAT ARE INFORMED BY CONSUMERS & LOCAL NEEDS.	
	OBJECTIVE 6.2:	CREATE AND/OR EXPAND LOCAL PUBLIC-PRIVATE COLLABORATIVES TO IMPROVE SERVICE ACCESS, CAPACITY AND INTEGRATION.	
	OBJECTIVE 6.3:	EXPAND THE ROLE AND CAPACITY OF COMMUNITIES TO IDENTIFY THEIR NEEDS, PROMOTE MENTAL HEALTH & CREATE OPPORTUNITIES FOR CONSUMER INCLUSION.	



FFY 2010 Priority Actions	Lead Agency/Group and partners	Goal/Objectives	ACE Goal	Primary GPRA	Complexity	Target Population	Start Date	End Date	Progress – October 2008 through September 2009
Changing Attitudes and Building Hope ~ Public Education & Stigma Reduction ~									
1. Mental Health Foundation: Work will continue to develop public-private partnerships for a permanent Missouri Mental Health Foundation that supports public education, stigma reduction and consumer empowerment initiatives. <ul style="list-style-type: none"> Develop strategic plan and business plan. Identify potential projects and contributors to foundation and implement for long-term success and sustainability of fund projects. 	DMH & Midwest Special Needs Trust	1.1	C	1 3 6 8	M	All	Qtr. 3 2007	Qtr. 3 2011	<ul style="list-style-type: none"> The Foundation was established as a separate 501C3 entity and named a board of directors, which will hold its first meeting in October. The Foundation sponsored the second annual Mental Health Champions Awards banquet in April. The Foundation co-sponsored the Consumer, Family and Youth Leadership Conference in August.
2. Mental Health Promotion and Public Education: The TWG chartered a cross-departmental workgroup to promote the understanding that <i>mental health is essential to overall health</i> that included creation of two subcommittees to increase mental health literacy and reduce stigma. <ul style="list-style-type: none"> The Anti-Stigma subcommittee plans to launch a public awareness campaign during FFY 2010 to include a social marketing plan and toolkit for public education and stigma reduction. The Mental Health First Aid (MHFA) Advisory Committee will continue to provide guidance to Missouri MHFA program roll-out. 	TWG	1.1 1.2	C E	1 8	M	All	Qtr. 3 2008	Qtr. 1 2010	<ul style="list-style-type: none"> The Workgroup adopted risk and protective factors to be used in moving the mental health system to a more population-based approach. The Stigma-Reduction Subcommittee was established and has been working on the development and testing of state messages and the creation of a local social marketing toolkit. The workgroup is addressing the issue of mental health literacy through its support and promotion of Mental Health First Aid (see Action Item #4).



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3. Respect Seminars & Institute: The RESPECT Seminar was developed by international consultant Joel Slack to teach people about the powerful impact that respect (and disrespect) has on a person recovering from a mental health disability. The RESPECT Institute is a four-day training program that teaches consumers to tell their personal stories. <ul style="list-style-type: none"> Continue statewide training and organizational consultation to build a culture of respect. Continue to offer sessions to train consumers and families through the four-day RESPECT Institutes. Establish statewide infrastructure to support/sustain RESPECT Institutes and continue development of a Peer Speakers Bureau in Missouri. 	DMH OOT & Mental Health Promotion and Public Education Workgroup	1.1 2.3	C E	1 2 3 4 6 7 8	M	All	Qtr. 4 2007	Qtr. 3 2011	<ul style="list-style-type: none"> ➤ Over 750 additional Missourians attended RESPECT Seminars in FY2009. ➤ Infrastructure was put in place to support RESPECT Institutes in four of the state's five regions, with 29 additional consumers trained. ➤ An organizational agreement/contract was reached with NAMI Missouri to provide "In Our Own Voice" (IOOV) training and waive membership fees for consumer Respect Speakers who want to participate. ➤ 15 consumers completed IOOV training. ➤ A draft statewide RESPECT Institute operations manual was completed.
4. Mental Health First Aid (MHFA): Continue to Implement this evidence-based, 12-hour mental health literacy training program as part of a public education campaign. <ul style="list-style-type: none"> Continue work with the state of Maryland, the National Council of Community Behavioral Health Care and SAMHSA to convert training curricula and certification standards for use in the United States. Implement MO Foundation for Health Grant working with the faith community and CMHCs to implement MHFA in rural communities. Develop a business plan for long-term sustainability. This includes both a Missouri-specific plan and a national plan with MHFA-USA partners. 	DMH OOT & Mental Health Promotion and Public Education Workgroup	1.1 1.3 5.3	C E	1 2 3 4 7 8	M	MI ADA All	Qtr. 1 2008	Qtr. 3 2011	<ul style="list-style-type: none"> ➤ Missouri currently has 3 certified Trainers and 48 Certified Mental Health First Aid instructors. ➤ The Mental Health First Aid – USA National Manual and Instructor's training kit have been finalized and were submitted for publishing in September. ➤ The Missouri Foundation for Health awarded Missouri's Mental Health First Aid program a grant to support expansion of the program into 17 counties in rural Missouri. This project will be done in collaboration with Missouri Committed Caring Faith Communities (CCFC) and local CMHCs.

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5. Transformation Communications and Accountability Plan: <ul style="list-style-type: none"> Initiate a new website for Missouri Mental Health Transformation. Produce regular briefings on key issues, successes and progress through prepared media releases, newsletters and other communications. Produce annual reports. 	DMH & OOT	1.1	A	8	M	All	Qtr. 4 2008	Qtr. 3 2011	<ul style="list-style-type: none"> A new website and annual report have been drafted. The web site is to be launched in the fourth quarter of 2009, which includes updates on workgroup activities and Transformation action items.
Promoting Health and Wellness ~ Prevention and Early Intervention ~									
6. Early Childhood Initiative: Work will continue on identifying the infrastructure for a service delivery system that is based on evidence-based practices for the early childhood population through the Coordinating Board for Early Childhood and the Early Childhood Comprehensive System Steering Committee. <ul style="list-style-type: none"> A second Childhood Mental Health Summit will be planned. A childcare orientation/training series (2 modules) on social and emotional development and inclusion of children with social, emotional and behavioral concerns will be completed and training of the early childhood workforce initiated. Screening and service protocols will be developed for children of adults with serious mental illnesses. 	DMH OCCMH, HeadStart, MO HealthNet, DHSS, DSS, DESE	4.2	E	1 2	L	CY&F All	Qtr. 1 2008	Qtr. 3 2010	<ul style="list-style-type: none"> The Coordinating Board for Early Childhood Education has incorporated mental health and social and emotional development goals and objectives into its strategic plan. Two childcare orientation/training modules were developed.

(See appendix for Legend of Abbreviations.)



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7. School-Based MH Services: A school-based mental health services model will continue to be developed to expand services statewide. <ul style="list-style-type: none"> The School-based Mental Health Workgroup chartered by the TWG will develop recommendations for the Children's Services Commission. Continue promotion of the School-wide Positive Behavior Support (SW-PBS) model. Continue implementation of Olweus Bullying Prevention program. Implement DMH/CPS School-based services model for designated mental health providers that includes services for tiers 2 & 3 of SW-PBS. 	DMH, DESE, Coalition of CMHCs, Individual School Districts, DHSS, MO Center for Safe Schools	4.2	C E	1 2 3 5 7	H	MI CY&F	Qtr. 3 2007	Qtr. 2 2010	<ul style="list-style-type: none"> The TWG chartered the School-based Mental Health Workgroup to develop recommendations for the Children's Services Commission. The number of Missouri schools implementing the school-wide positive behavior support (PBS) three-tiered model increased by 131. The number of schools formally collecting and analyzing data in accordance with the Positive Behavior Support practice model has increased by 66. These schools achieved 80% or higher School-wide Evaluation Tool (SET) scores. Eight schools adopted the Olweus Bullying Prevention program training. Booster training was provided for eight instructors in April 2009.
8. Healthy IDEAS for Older Adults: The Mental Health and Aging Workgroup will continue to promote Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors), a case-management enhancement initiative that prepares trained staff to identify depression in at-risk elders and to facilitate access to treatment and empower seniors to manage their depression through an approach that encourages involvement in meaningful, positive activities. <ul style="list-style-type: none"> Develop application process for organizations interested in implementing. Provide training to approved organizations. Propose a financing change to add a single episode of major depression to the service menu. 	Mental Health and Aging Workgroup, TWG, DMH, DHSS, Other agencies	4.1	E	1 2 7	M	OA	Qtr. 3 2009	Qtr.3 2011	<ul style="list-style-type: none"> The Mental Health and Aging Workgroup sponsored an informational Forum on Healthy IDEAS Sept. 10, 2009. Sixty-seven (67) individuals representing 36 state and private agencies that provide services to Missouri seniors attended to learn more about the program and how to incorporate it into their operations. An application process has been developed for organizations interested in implementing Healthy IDEAS.

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9. Suicide Prevention: Continue suicide prevention initiative to expand training and intervention to include: <ul style="list-style-type: none"> • An annual conference. • Expansion of suicide prevention efforts to older adults through development of mini-grants. • Finalize the content/design of a graduate-level course in suicide prevention. • Bring on-line 10 one-hour modules on suicide prevention created through the University of Missouri. 	DMH, DHSS, University of Missouri	1.2	C	1 2 3 4	L	All	Qtr. 1 2008	Qtr. 1 2010	<ul style="list-style-type: none"> ➤ Annual conference was held in July 2009 with more than 230 persons in attendance. ➤ The graduate-level course in suicide prevention has been completed and is in review. ➤ The 10 one-hour modules are complete and will initially be vetted through schools rather than online. ➤ Work has been completed on development of a mini-grant proposal for communities to expand suicide prevention efforts to older adults.
Promoting Health and Wellness ~ Integrated Care ~									
10. CMHC-FQHC Collaborative Care Project: Federally Qualified Health Centers (FQHCs) and Community Mental Health Centers (CMHCs) in seven Missouri communities entered into partnerships in 2008 in a project to integrate physical and behavioral health services in general health-care settings. <ul style="list-style-type: none"> • Continue the seven collaborative care projects between federally qualified health centers (FQHCs) and community mental health centers (CMHCs). • Assist additional interested sites to establish collaborative care partnerships. • Evaluation will guide needed policy changes and additional expansion in the future. 	DMH Division of CPS, Missouri Coalition of CMHC's, Missouri Primary Care Association	1.3	C E	1 2 3 4 7	M	MI ADA All	Qtr. 4 2006	Qtr. 3 2011	<ul style="list-style-type: none"> ➤ Mini-grants were awarded to six sites for planning. These additional sites have leveraged their dollars to meet or exceed the expectations of the collaboratives. ➤ Organizational training and technical assistance has been provided to all sites. As of June 30, 2009, over 600 CMHC and FQHC clinical staff have received formal training to implement integrated care. ➤ An article on this initiative was published in the May 2009 online issue of <i>Psychiatric Services</i> – http://ps.psychiatryonline.org.

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11. DMH NET Integrated Care: This initiative is comprised of two components-Disease Management and Health Care Homes: <ul style="list-style-type: none"> Continue designation of Community Mental Health Centers as health care homes for persons with serious mental illnesses under the MO HealthNet Plan (formerly Medicaid). These services will enhance the care provided by combining physical and mental health care in one location. Expand disease management services through a statewide network for Medicaid-eligible individuals with mental illnesses and co-occurring chronic physical health conditions. Expand CMH provider use of Cyberaccess electronic claims reporting system to review client histories for the purpose of coordinating care. Continue to provide data analysis and educational materials to health care providers regarding good psychiatric prescribing practices. 	DMH & DSS Division of MO HealthNet	1.3	A E	1 2 3 4 5 7	M	MI All	Qtr. 3 2007	Qtr. 4 2011	<ul style="list-style-type: none"> ➤ More than 70 trainings of 1,100 nurse liaisons and community support workers have taken place, and monthly meetings of nurse liaisons are being held. ➤ CMHCs have approved 10% of the healthcare home plans of care in the State Medicaid program. ➤ More than 70% of patients have had a primary care visit within a 12-month period. ➤ More than 35,000 patient histories have been reviewed in Cyberaccess. ➤ CMHC Nurse Liaisons have participated in implementing a diabetes pilot enhancement. ➤ The pharmacy management component has recently been expanded to include child welfare and long-term-care agencies.
12. Psychiatric Acute Care Transformation (PACT): The Department of Mental Health will continue to work with communities to transition psychiatric acute inpatient care services to private integrated hospital systems.	DMH Division of CPS	4.3 6.2	C	1 3 4	H	MI Adult OA	Qtr. 3 2007	Qtr. 3 2009	<ul style="list-style-type: none"> ➤ Legislation was passed that allowed the transfer of Mid-Missouri Mental Health Center to University of Missouri health care for operation of regional acute-care services. ➤ DMH established an organizational agreement with Truman Medical Center to expand psychiatric acute care operations and operate an emergency department on the campus of Western Missouri Mental Health Center, which ceased operations of two units and changed its name to reflect continuing services.

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13. Screening, Brief Intervention, Referral and Treatment (SBIRT): Continue implementation of the SBIRT program to identify and provide services to individuals with risky behaviors in their use of alcohol and other drugs. A key aspect of SBIRT is the integration of this project in general medical settings and linkages with specialized treatment programs. <ul style="list-style-type: none"> • Increase number of screenings performed. • Expand program to Central Missouri region. 	DMH Division of ADA	1.3 4.1	A E	2 7	M	ADA OA Adult	Qtr. 1 2008	Qtr. 1 2009	➤ Initial trainings have been completed. Burrell Behavioral Health staff began providing SBIRT services in Cox North Emergency Room in Springfield, Missouri, on March 31, 2009. ➤ To date, almost 3,000 individuals have been screened. ➤ SBIRT services will be expanded for implementation in the fall of 2009 at the University of Missouri Hospital and clinics in Columbia, Missouri.
Promoting Health and Wellness ~ Public Health ~									
14. Community of Hope Coalitions: Develop criteria and a proposal to provide seed funding to local communities to begin the process of community assessment and capacity building. Identify state and local partners and linkages with public education actions. Provide recommendations to the TWG for implementation.	DMH OOT & OCCMH	6.3	C E	2 3 4 5 7	H	All	Qtr. 2 2009	Qtr. 3 2011	➤ Criteria have been developed for Request for Proposals (RFPs). RFPs are targeted to go out in the fall of 2009.
15. Bright Futures Targeted Capacity Building: Continue support for 3 community coalitions to implement Missouri Bright Futures. The communities, which are developing implementation strategies, will participate in training and support in mapping the resources and needs of the community, organizing the resources of the community to address system needs, and individualizing resource allocations within the community to improve the outcomes for individual youth.	DMH, DHSS, DSS, DESE, University of Missouri Center for the Advancement of Mental Health Practices in Schools, Head Start Collab., Missouri Student Success Network	4.2	C E	1 2 3 5 7	M	CF&Y MI	Qtr. 1 2008	Qtr. 3 2011	➤ The Missouri Foundation for Health awarded a three-year, \$300,000 grant to fund Bright Futures in three communities: Rolla, Joplin and Moberly. ➤ A total of 35 community and state staff were trained on the Bright Futures public health model and the requirements for completion of a local plan. ➤ The Missouri Bright Futures State team received the Governor's Award on Quality and Productivity - announced in September 2009.

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16. Higher Education Mental Health Homeland Security Initiative: <ul style="list-style-type: none"> Continue to foster collaborative relationships on college campuses across the state to implement recommendations to involve mental health expertise in emergency planning for campuses. Education/training on how to access 24/7 mental health services by campus authorities and students, either CMHCs and/or on-campus expertise. Education/training on linkages for activating civil commitment if needed. Initiate Mental Health First Aid training for campus personnel and students. 	Homeland Security Taskforce, Department of Higher Education and Public Safety Sub-committee, DHE, DMH	1.1 1.2 1.3 4.2 6.2	C	1 4 7	M	All	Qtr. 3 2007	Qtr. 3 2011	<ul style="list-style-type: none"> A web site campussecurity.missouri.org was created as a communications method of issuing postings of policies and resources on disaster mental health and campus violence. The Department of Higher Education has formally sanctioned Mental Health First Aid – four campuses have incorporated the program into their campus plans. A toolkit was developed and posted on the web site for use by mental health providers and colleges to facilitate effective campus emergency planning related to mental health.
17. Disaster Services and Special Needs Shelters: DMH will continue a partnership with DHSS to address the needs of special populations, particularly people with mental disabilities, in the aftermath of a disaster. <ul style="list-style-type: none"> Develop training modules and conduct webinars to train staff at the local level on the Special Needs Annex and Sheltering Standard Operating Guide. Develop a Memorandum of Understanding (MOU) between the Departments of Health and Senior Services and Mental Health for management of the Show-Me Response volunteer registration system. Develop a disaster mental health activation policy protocol for shelters to facilitate mental health referral through the statewide 24-hour access crisis intervention (ACI) response system. Develop/adapt first-responder guidelines (TIPS) for special needs populations and publish for distribution to identified community first responders. 	Special Needs Committee DHSS, DMH	1.3 4.3 6.2	C	1 2 4	M	All	Qtr. 1 2008	Qtr. 3 2010	<ul style="list-style-type: none"> Disaster Behavioral Health Competencies for behavioral health and health care professionals and paraprofessionals have been approved and employed. An All-Hazards Planning Guide for use by DMH facilities and contracted providers was developed and issued. Annex X, the Special Needs section of the Missouri State Emergency Management Operations Plan, has been revised. The Special Needs Sheltering Standard Operating Guide (SOG) for local and county emergency management was developed.

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18. Tobacco Prevention & Cessation (NO BUTTS About It): <ul style="list-style-type: none"> Develop a comprehensive statewide plan based on the "No Butts About It" assessment results of tobacco use among mental health consumers. 	DMH, DHSS, Mental Health Promotions and Public Education Workgroup	1.2	C	1 7 8	M	All	Qtr. 1 2007	Qtr. 3 2010	<ul style="list-style-type: none"> An assessment of tobacco use among mental health consumers, based on a survey of more than 1,100 consumers, was completed by MIMH. The Missouri Foundation for Health awarded a \$46,682 grant to develop a comprehensive statewide plan designed to address the issues cited in the assessment and work to prevent tobacco use among consumers of mental health and alcohol and drug abuse services.
Building Strong Systems of Care ~ Access & Coordination ~									
19. State-Local Infrastructure Development Plan: <ul style="list-style-type: none"> Establish a subcommittee to review current state and local cross-departmental initiatives, statutory mandates and department regulations. Propose recommendations to the full TWG and HSCC for an enduring state and local infrastructure to continue transformation efforts beyond the grant to include cross-departmental structure for consumer input. 	TWG	6.1 6.2 6.3	C	N/A	H	All	TBD	TBD	<ul style="list-style-type: none"> TWG approved the creation of a sub-committee. The start-date was deferred – to be determined in the upcoming year.

(See appendix for Legend of Abbreviations.)



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20. Regional Planning Partnerships: Continue implementation of regional collaboratives that integrate mental health with overall local community health planning and initiatives. <ul style="list-style-type: none"> • Begin development of a sustainability plan and integrate planning with other key initiatives, including PACT (see Action #12) and Integrated Care initiatives. • Continue the next phase of the Eastern Region Behavioral Health Initiative to include Regional Health Commission (RHC) Access to Behavioral Healthcare Task Force recommendations, development of an access center and implementation of Regional Respect principles across organizations. • Implement Phase 2 of the Greater Kansas City initiative to include integrated care, plan for high users of care and completion of housing assessment/matrix and plan and Children's system enhancement project. 	DMH OOT, TWG	6.2	C	3 4 5	H	All	Qtr. 1 2007	Qtr. 1 2009	<ul style="list-style-type: none"> ➤ The Greater Kansas City Regional Initiative (GKCRI) completed a needs assessment and regional plan priorities in January 2009. ➤ The GKCRI began implementation of a Housing Assessment and held a planning retreat to transform housing for persons with behavioral health needs. ➤ The GKCRI was awarded a children's system enhancement project by DMH. ➤ The Eastern Region Behavioral Health Initiative (ERBHI) completed Phase 3 work in 3 major initiatives (see Action items 21-23). ➤ The ERBHI developed and implemented a plan for ongoing project financing. ➤ The RHC established a high-level Access to Behavioral Health Task Force to develop systemic structure and financing recommendations to improve service access. ➤ The RHC ERBHI integrated planning efforts with the DMH to develop a regional plan to expand access and community services in conjunction DMH PACT implementation.

(See appendix for Legend of Abbreviations.)



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21. Improving Entry Project: Service providers in the eastern region will develop a regional access center and implement a standardized screening tool across mental health and substance abuse providers in the region with the objective of increasing access to care. A subsequent evaluation will guide further refinement and potential for statewide expansion. <ul style="list-style-type: none"> Operationalize an access center plan to increase access to care. Evaluation will guide further refinement and potential for state-wide expansion. 	SLRHC Behavioral Health Steering Team, DMH OOT & Divisions of CPS and ADA	4.1	A E	2 4 5 7	M	MI ADA OA Adult	Qtr. 1 2008	Qtr. 3 2010	COMPLETE - ongoing activity incorporated in Action # 20. <ul style="list-style-type: none"> 65 individuals completed screening tool training workshops to increase provider knowledge of the new cross-agency screening system, common screening tool and regional database. 20 mental health, substance abuse and health organizations implemented a common screening tool and data system. 35 regional providers developed and adopted a Barriers Buster Release Form and Missouri Confidentiality Agreement to allow for the collection and analysis of screening data across organizations. A business plan for a regional Access Center was developed for the next Phase of work.
22. Coordinating Care for High Utilizers Project: The Eastern Region Behavioral Health Initiative will develop and implement cross-agency “coordinated care plans” for identified high users of care in the Eastern region. The intent of the project — and any subsequent policy changes — is to improve care for consumers who utilize public health-care services at a high frequency due to limited care coordination and/or limited availability of treatment options.	SLRHC Behavioral Health Steering Team, DMH OOT & Divisions of CPS/ADA	4.3	A E	1 4 5 7	M	MI ADA OA Adult	Qtr. 2 2009	Qtr. 3 2010	COMPLETE - ongoing activity incorporated in Action # 20. <ul style="list-style-type: none"> Data was collected and analyzed to identify top service users in the region. 15 programs participated in a cross-agency team to review data for high users and develop/implement care plan recommendations. Data collection and reporting was initiated to track outcomes.

(See appendix for Legend of Abbreviations.)



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23. Reducing Stigma and Increasing Cultural Competency Project: Continue roll-out of a project in the Eastern region to change the current culture of the health care system by addressing barriers to quality care related to stigma and cultural competency. Provide organizational consultation and seminars to implement regional respect policy guidelines with targeted organizations. Evaluation will guide statewide expansion in partnership with the MO Coalition of CMHCs.	SLRHC Behavioral Health Steering Team & Workgroup, DMH OOT & Divisions of CPS and ADA	1.1 2.3 3.2 5.1	A C E	1 2 7	M	MI ADA All	Qtr. 2 2008	Qtr. 3 2008	COMPLETE - ongoing activity incorporated in Action # 20. ➤ 154 persons attended a three-part Cultural Conversation two-day seminar titled "Seeing the Person beyond the Label," which included both presentations and time to converse and brainstorm with other participants about respect and cultural competence related issues. ➤ A Regional Respect Policy was adopted by the Regional Health Commission and by leadership across multiple health and mental health providers in the Eastern Region with commitment to implement/adapt principles within each organization.
24. Common State Identifier: <ul style="list-style-type: none"> Complete assignment of Document Control Numbers (DCNs) to all DSS, DHHS and DMH consumers who currently don't have one. Continue discussions with the Departments of Corrections and Elementary and Secondary Education to adopt the common identifier or a common methodology to link consumers within their systems to those in the other human service agencies. 	OOA & State Human Service Depart- ments	5.4	A E	1 2 5	M	All	Qtr. 1 2009	Qtr. 2 2009	➤ Missouri state agencies (DSS, DHSS and DMH) have adopted common document control numbers (DCN) as a single state identifier to facilitate shared information across state agencies. ➤ Staff has been trained on assigning DCNs to DMH admissions in accordance with procedures established with DHSS and DSS when the individual does not already have one. ➤ There has been a 95% DCN assignment/match between DMH clients and other departments.

(See appendix for Legend of Abbreviations.)



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25. Eliminating Cultural Disparities: A six-month study group will be established to review state data and perform environmental scan to <ul style="list-style-type: none"> Identify current cultural disparities in mental health in Missouri, Identify best practices and resources available within state and nationally to address disparities, and Formulate initial priority recommendations to TWG to consider for action. 	TWG, DMH	3.1	A C E	8	M	All	Qtr. 3 2009	Qtr. 2 2010	<ul style="list-style-type: none"> Six-month Study Group approved by TWG. Scope of work completed for group and technical consultant. Start-up planned for Fall 2009.
26. Cultural Disparities-Deaf Services Capacity Development: DMH will continue to evaluate the state's current plans and services for individuals who are deaf and have mental health needs, based on best practices in other states and consistent with culturally distinct needs of the deaf community. <ul style="list-style-type: none"> Begin implementation of priorities as outlined on the approved Deaf Services Priority Matrix. 	DMH Office of Director	3.2	A C E	1 4 7	H	All	Qtr. 2 2009	Qtr. 3 2009	<ul style="list-style-type: none"> A Deaf Services Advisory Committee was established as a collaborative initiative between the DMH and deaf community to identify and participate in tangible actions and tools that result in improved care and delivery of service for deaf Missourians who are suffering with mental illnesses. A Deaf Services Priority Matrix was reviewed and approved by the DMH leadership team.
27. Data Warehouse: Identify the best solution to developing and housing an interagency data warehouse containing data from all state human service agencies to provide more accurate and timely information concerning individuals served across the agencies. <ul style="list-style-type: none"> Develop the interagency data warehouse. Begin with a children's services data warehouse and then expand across the lifespan. 	OOA & State Human Service Departments	5.4	A E	9	H	CF&Y All	Qtr. 3 2006	Qtr. 3 2011	<ul style="list-style-type: none"> Discussions continue with other human service agencies, but no action has been taken as yet.
28. Electronic Records: Based on an FY 09 budget item, evaluate, select and implement a bar-coding solution for electronic records in state psychiatric facilities. DMH will also continue to work with MO HealthNet (Medicaid) to coordinate development of an electronic Medical Health Record.	DMH Division of CPS	5.4	A E	9	H	MI All	Qtr. 2 2009	Qtr. 1 2011	<ul style="list-style-type: none"> DMH is in the process of developing a request for proposal for an electronic medical record, including provisions for interfacing with bar-code technology. The intent is to initiate the project at Fulton State Hospital, followed by expansion to the other long-term-care facilities.

(See appendix for Legend of Abbreviations.)



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29. Employment: The TWG-chartered Employment Workgroup will continue plan to implement employment strategies. Workgroup recommendations will be prioritized for implementation. The expanded supported employment program will be implemented.	TWG	3.3	C	2 8	M	All	Qtr. 3 2008	Qtr. 4 2009	<ul style="list-style-type: none"> ➤ The workgroup sponsored a teleconference training on new regulations pertaining to the Ticket to Work program. ➤ The workgroup submitted a set of recommendations to the Transformation Working Group for its consideration. Implementation feasibility and prioritization are now underway. ➤ DVR applied for and received stimulus funding to expand evidenced-based supported employment to 3 additional sites in partnership with DMH.
30. Housing: The TWG chartered the Housing workgroup to identify current resources and gaps in affordable and integrated housing and begin implementing housing strategies. The group will review current state rules, regulations and financing policies and recommend revisions as appropriate to increase consumer access to an array of housing options for persons with disabilities. Work includes: <ul style="list-style-type: none"> • Completion of a Housing plan. • Coordination with the MPC as they pilot an on-line housing resource, which includes a registry of affordable, accessible, integrated housing in Missouri, as well as resources to rent, buy or modify a home of one's own. 	TWG, DMH, MHDC, MPC	3.4	A C	1 8	M	All	Qtr. 3 2008	Qtr. 4 2009	<ul style="list-style-type: none"> ➤ The Housing workgroup has reviewed best practices nationally and in Missouri. Work continues on the development of a housing plan for people with disabilities. ➤ The Housing resource website is up and running. The Missouri Planning Council for DD is hosting a series of information meetings around the state.
31. Statewide Expansion of Police Crisis Intervention Teams (CIT): Building on the successful Police Crisis Intervention Teams initiated in the Greater Kansas City and St. Louis areas, work will continue to develop and implement CIT statewide in partnership with the Chief Justice Initiative.	DMH Division of CPS, Office of State Courts Admin. Chief Justice Initiative	4.1	C E	2 3 7	H	MI All	Qtr. 1 2007	Qtr. 3 2009	<ul style="list-style-type: none"> ➤ Local CIT Coordinators report 20 jurisdictions implementing general orders. ➤ 1,258 persons completed the 40-hour CIT training program. ➤ Ongoing project support funding was secured for next year through DMH.

(See appendix for Legend of Abbreviations.)



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32. Telehealth: DMH Waiver amendments will be developed to include telehealth services for behavior analysis, behavior intervention specialist, behavior therapy and crisis intervention. <ul style="list-style-type: none"> Amendments to the existing waivers will be submitted to CMS for approval to provide these services via telehealth. 	DMH Division of DD	3.1 4.3	C	1	Low	DD All	Qtr. 4 2008	Qtr. 4 2011	<ul style="list-style-type: none"> One waiver was submitted to the Centers for Medicare and Medicaid Services in March 2009 and approved in July 2009. Amendments to additional waivers are under development.
33. Mental Health Prisoner Re-entry: The Department of Mental Health and the Department of Corrections will continue an agreement to provide pre-release intake/assessment, planning and transition activities for seriously mentally ill offenders from correctional facilities.	DMH, Department of Corrections	4.3	C E	3 4 7	M	Adults/ All	Qtr. 1 2007	Qtr. 2 2009	<ul style="list-style-type: none"> DMH and DOC developed an MOU to implement pre-release mental health services for DOC offenders. DMH made a financing policy change to allow providers to bill for pre-release services. To date, 19 mental health programs provide pre-release intake services for DOC clients.
34. Children's System of Care: Expand principles and practices of the Children's System of Care (SOC) across child-serving entities. <ul style="list-style-type: none"> Expand the number of system of care teams statewide. Include system of care values and principles as a component of DMH contracts with child-serving agencies. Increase the number of SOC teams using and analyzing Quality Service Review data. Identify wraparound values/principles that all state child-serving departments can endorse. Once values/principles are developed and endorsed, departments will identify system and infrastructure changes necessary to support them. Incorporate planning for transitional youth. Finalize the DMH practice model for work with SOC teams. 	CSMT, Office of Child MH, All Child- serving State Agencies	2. 1 6.1	A C E	1 4 7	H	Youth/ All	Qtr 3, 2008	Qtr 3, 2011	<ul style="list-style-type: none"> The Comprehensive System Management Team completed a strategic plan and presented it to the TWG with a focus on System of Care expansion. A DMH practice model was developed outlining cross-divisional roles and responsibilities in implementing SOC. The CSMT has been meeting to identify values/principles of wraparound. On Sept 24, John VanDenBerg and Kelly Pipkins-Burt from Vroon VanDenBerg LLP met with the CSMT along with other state child agency leaders to discuss what would be required to sustain a state infrastructure for wraparound. Criteria for designation of local system of care teams were reviewed/revised.

(See appendix for Legend of Abbreviations.)



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35. Older Adult Workgroup: This workgroup was chartered by the TWG to complete an operational plan for addressing mental health issues among the elderly population and to propose a management structure for ongoing monitoring and oversight of the operational plan. The group's plans are as follows: <ul style="list-style-type: none"> • Complete the operational plan and propose a management structure for ongoing monitoring and oversight of the operational plan. • Identify key stakeholders to propose the next steps in implementing a system of care plan in local communities. • Continue to provide direction to the Healthy IDEAS implementation team and in development of Community Coalitions. 	TWG	3.2	C	8	H	OA All	Qtr. 2 2008	Qtr. 2 2011	➤ The Mental Health and Aging Workgroup completed an operations plan, proposed a structure for ongoing oversight, and developed recommendations for the TWG, including a proposal to implement Healthy IDEAS, an initiative to address depression in older adults (see Action # 8 description of Healthy IDEAS).
Building Strong Systems of Care ~ Best Practices ~									
36. Evidence Based Practices Workgroup: The Evidence-based practices Workgroup will finalize a white paper for public input. The TWG chartered a cross-cutting Evidence-Based Practice Workgroup to: <ul style="list-style-type: none"> • Establish an evidence ruler, with input from stakeholders. • Determine implementation methodology. • With information from divisions, compare current fund distributions to the ruler. An additional update was approved by TWG to identify, expand and track EBPs. Given the extensive number of EBPs being implemented, this was established as a separate action item (see # 37).	TWG, EBP Workgroup	5.1 5.2 5.3 5.4 6.1 6.2	A E	8	H	All	Qtr. 3 2008	Qtr. 2 2010	➤ The workgroup chairs drafted a white paper outlining guiding principles to consider when determining whether a practice is considered evidence based. ➤ In addition, the group is tracking evidence-based practices currently being used in the department: ADA Dual Diagnosis Services, Assertive Community Treatment, Dialectical Behavior Therapy, Integrated Dual Diagnosis Treatment, Motivational Interviewing, Positive Behavior Supports, Recovery Services Implementation, Supported Employment Implementation, and Trauma Focused Cognitive Behavioral Therapy.

(See appendix for Legend of Abbreviations.)



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37. Evidence-based Practices Implementation: Evidence-based practice implementation will continue to be tracked, expanded and monitored to include policy and financing changes, # of programs implementing and trainings. A data system will be explored for uniform collection and tracking of programs and trainings.	DMH	5.1 5.2	A E	1 2 3 4 5 6 7	M	All	Qtr.3 2008	Qtr.3 2011	➤ 6 programs began implementing Assertive Community Treatment, Program and 136 staff. completed approved training ➤ 36 programs began implementing IDDT services and 87 persons completed training. ➤ 71 programs are implementing ADA co-occurring disorder services. ➤ 1,750 providers have completed DBT initial training. ➤ 6 programs are implementing supported employment services. ➤ Multiple service financing policy changes have been made by DMH and MOHealthnet to support evidence-based services implementation.
38. Direct Care E-learning Core Safety Platform and Quality Management: <ul style="list-style-type: none"> DMH will continue implementation of e-learning accounts for direct-care staff in all DMH facilities. Core training will be available on the web with safety as an important component. SB 3 safety recommendations requirements will continue to be implemented. 	DMH	5.1	C E	1 2 3 4 5 6 7	M	All	Qtr. 2 2007	Qtr. 4 2009	➤ Thirty (30) DMH facilities using the e-learning system and regularly tracking and analyzing training data. ➤ DMH developed and implemented an Event Management Tracking (EMT) program to generate aggregate data and analyze safety-related incidents & information. ➤ A memorandum of understanding was established between DMH and Missouri Protection and Advocacy Services to clarify roles.
39. College of Direct Support: DMH will continue training through the College of Direct Support (CDS) -- a web-based training for direct-support professionals currently being used by DD service providers. The department will explore expansion of the College of Direct Support to other segments of Missouri's long-term-care system.	DMH Division of DD, MPC, UMKC IHD, MACDDS, MARF, MO- ANCOR	5.1	E	8	M	DD All	Qtr. 4 2007	Qtr. 4 2011	➤ To date, 2,613 staff members have enrolled in the CDS courses and 390 have completed the assigned courses and received certificates.

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40. Crisis Prevention and Response: The Division of DD continues to phase in restructuring of regional offices, which began in 2008 and is anticipated to be a 3-5 year process. Partnerships with local county DD boards are increasing, which in-turn enables regional offices to enhance functions such as behavioral resource teams. Training for physicians is planned for FY 2010.	DMH Division of DD	4.3	C	9	M	DD All	Qtr. 3 2008	Qtr. 3 2010	➤ A certified behavior analyst has been appointed to the division's central office and provides consultation and training to the regional offices. Habilitation centers are shifting away from long-term residential supports to crisis stabilization and short-term respite. Planning is underway for training for physicians who prescribe psychotropic medications to people with developmental disabilities.
41. Trauma Informed Care: An organizational assessment of trauma care will be completed. Workforce development and training needs will be identified and prioritized. Technical assistance will be secured and training implemented and evaluated. <ul style="list-style-type: none"> A training is scheduled for Oct. 1, 2009, that addresses developing trauma-informed agencies. The training has two components – one at the administrative track, the other on the clinical track. The goal is to create environments and service delivery systems that are trauma informed, which includes recognizing trauma and its impact in service planning and delivery. This training will be followed by technical assistance to agencies in providing trauma-informed care. 	DMH OOT & OCCMH	5.1 2.4	E	2	M	All	Qtr. 1 2007	Qtr. 4 2009	➤ 4 trainings and 6 monthly supervisory trainings on Trauma-focused Cognitive Behavioral Therapy were provided to 38 cross-organizational staff as part of the Juvenile Justice Initiative.
42. Autism Treatment Services: Autism Services planning is now being directed through the Council on Autism Spectrum Disorders. Final action in this plan was to develop a waiver for persons with autism spectrum disorders.	DMH, MO Healthnet	3.1 4.2 5.2 6.2	C	1	M	DD All	Qtr. 4 2008	Qtr. 3 2009	COMPLETED ➤ The Center for Medicaid and Medicare Services approved Missouri's Autism Waiver application.

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43. Consumer Operated Service Program (COSP) Quality Improvement Initiative: DMH will continue Phase 2 of a COSP Quality Improvement Initiative to continue self -assessment of fidelity for COSP services. Objectives: <ul style="list-style-type: none"> Expand Fidelity Assessment Common Ingredient Tool (FACIT) training to all COSPs. Train a peer evaluator team to implement FACIT at local COSPs. Continue implementation of Supporting Consumer Operated Programs Enhancement (SCOPE) leadership network. 	DMH Division of CPS, MIMH	2.2	A E	1 2 4 5 6 7	M	MI Adult OA	Qtr 4, 2006	Qtr 3, 2011	<ul style="list-style-type: none"> ➤ Thirty (30) staff members representing Consumer-operated Drop-in Centers completed prescribed training in FACIT in 2008 to conduct fidelity self-assessment of their programs. ➤ DMH has formally adopted the COSP as an evidenced-based practice to be fully incorporated into the service delivery system to promote well-being and recovery. ➤ A FACIT fidelity review scale for consumer-operated warm-lines has been developed and tested. ➤ New contract requirements were established for the use of FACIT for all COSPs. ➤ The statewide leadership network (SCOPE) held regular meetings/tele-conferences to advance best practices statewide.
44. Positive Behavior Support Training: Positive Behavior Support (PBS) is a set of research-based strategies used to increase quality of life and decrease problem behavior by teaching new skills and making changes in a person's environment. <ul style="list-style-type: none"> Positive Behavior Support training will be provided to the mental health workforce to increase skills in serving persons with dual DD and MI diagnoses. Utilize certified trainers to expand knowledge of the principals and practices of positive behavior supports. 	DMH Division of DD	2.3 5.1 5.2	C E	2	M	MI DD All	Qtr. 4 2008	Qtr. 4 2010	<ul style="list-style-type: none"> ➤ To date, 58 persons have completed an 11-day trainer-credentialing process, certifying them to provide a 3-day PBS training course to direct-support professionals, service coordinators, and other DD professionals, as well as conducting the 11-day trainer-credentialing course. ➤ 341 persons have completed the 3-day training.

(See appendix for Legend of Abbreviations.)



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45. Recovery Management for People with Substance Use Disorders: <ul style="list-style-type: none"> Develop and operationalize a plan to shift the focus of care from program-centered episodes of assess, admit, treat and discharge to management of long-term recovery. Treatment will become a long-term relationship which supports development of recovery maintenance skills, flexible service menus, delivery methods, and intensity. These principles and values include: <ul style="list-style-type: none"> Emphasis on resilience and recovery processes as opposed to pathology and disease processes; Recognition of multiple long-term pathways and styles of recovery; Development of highly individualized and culturally sensitive services; Increased collaboration with diverse communities of recovery; and Commitment to best practices and the National Institute on Drug Abuse "Principles of Drug Addiction Treatment." 	Division of ADA	4.3	ACE	178	M	ADA All	Qtr. 1 2009	Qtr. 2 2011	<ul style="list-style-type: none"> The ADA SAC Treatment Committee has developed criteria for Centers of Excellence for treatment providers; SAC Prevention Committee is developing criteria for prevention programs to be considered Centers of Excellence. The Division is making changes to its service delivery model to give providers greater flexibility in order to individualize treatment. A new service category will be implemented on 10-1-09 that allows providers to offer brief interventions, education, and behavioral health consultation. Draft White Paper, "Recovery Oriented Systems for the Prevention and Treatment of Substance Use Disorders" has been shared with members of the SAC, Missouri Recovery Network and other stakeholders for comments. Final report will be available in early 2010.

(See appendix for Legend of Abbreviations.)



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Promoting Real Voices Real Choices ~ Self-Determination ~									
46. Person-Centered Planning: Enhance Person-Centered Planning within the Division of DD and implement Person-Centered Planning principles and processes within the CPS provider system. <ul style="list-style-type: none"> • Issue a policy affirming person-centered values as the foundation for the entire mental health services system. • Conduct training for all staff, including administration and direct support, on person-centered thinking/philosophy, followed by training on person-centered planning. • Provide access to mentors to facilitate person-centered planning and implementation of plans. 	DMH Divisions of DD and CPS & UMKC Institute for Human Develop- ment	2.1 2.3 2.4	E	2	H	MI DD All	Qtr. 2 2008	Qtr. 4 2009	➤ A Person-Centered Leadership Training was held for 67 individuals. The training provided a high-level overview of Person-Centered Planning, helped align Evidence-Based Practice initiatives, determined an action plan and assured that transformation is occurring at all levels. ➤ A total 508 members of the mental health workforce have received training. ➤ A two-day Wellness Recovery and Action Planning (WRAP) was provided to 26 Peer Specialists and an additional 48 staff with the goal of helping others to self-direct their treatment planning process.



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47. Self-Directed Supports and Services: In an effort to enhance self-directed care for persons with developmental disabilities, DMH made application to amend its DD Medicaid Waivers to include self-directed care as an option. <ul style="list-style-type: none"> Continue to provide outreach and training to service coordinators, consumers and families regarding choices, risks and benefits of self-directed options to enable informed decisions to self-direct. Explore methods to expand self-directed options to other services. 	DMH Division of DD, MPC, UMKC IHD	2.1	E	8	M	DD All	Qtr. 1 2007	Qtr. 3 2011	<ul style="list-style-type: none"> All waivers were approved for addition of self-directed care. A training curriculum was completed and 272 individuals received training on the options. The division contracted with ASI Works to provide fiscal management services in 2008. ASI Works provides access to insurance and workman's compensation for staff hired by consumers or family. DD staff and self-advocates are now able to manage services online. The Division of DD has established an advocacy specialist position in each of its 12 Regional Offices to be liaisons with the community, provide training to families and self-advocates about self-determination and provide input to the division on policies that promote independence and self-determination.
48. Network of Care Personal Folder: Continue to Increase consumer use of the Network of Care web site and personal folder options through training of local consumer leaders affiliated with mental health organizations to assist other consumers in accessing and using the system, including use of personal folders.	DMH, Local MH providers	1.1 2.1	C	2 7	M	MI DD All	Qtr. 2 2007	Qtr. 3 2009	<ul style="list-style-type: none"> Four consumers from mental health organizations received training to assist other local consumers with accessing the Network of Care web-based system and use of personal folders.
49. Consumer Principles for Practice Workgroup: Charter a short-term work group to review the "Practice Guidelines for Consumer Directed Services and Supports," developed in 2002 by DMH. These will be reviewed by all state agencies that provide human services, with the goal of adoption, as appropriate, to the population(s) served.	TWG	2.1	E	N/A	L	All	Qtr. 3 2009	Qtr. 3 2011	<ul style="list-style-type: none"> A charter was drafted for consideration for presentation to the Transformation Working Group at the Sept 30 meeting.

(See appendix for Legend of Abbreviations.)



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FFY 2010 Priority Actions	Lead Agency/Group and partners	Goal/Objectives	ACE Goal	Primary GPRA	Complexity	Target Population	Start Date	End Date	Progress – October 2008 through September 2009
50. Procovery®: Continue statewide implementation of the Procovery® program, developed by Kathleen Crowley, author and Executive Director of the Procovery Institute <ul style="list-style-type: none"> Implement a new contract and begin scaling services using facilitators in good standing and developing sustainability at the state level. 	DMH Division of CPS & OOT	2.3	C E	1 2 3 7	M	All	Qtr. 4 2007	Qtr.3 2009	<ul style="list-style-type: none"> ➤ Introductory and facilitator training were completed; 257 persons completed Procovery Circle facilitator training. ➤ Facilitators received provisional licenses. ➤ Sixty-six (66) circles were in operation as of March 2009. ➤ A new contract was developed for continuation of the Procovery program. ➤ Service billing mechanisms were established for Procovery Circles delivered as a component of CPS enhanced psychosocial rehabilitation services.

(See appendix for Legend of Abbreviations.)



FFY 2010 Priority Actions	Lead Agency/Group and partners	Goal/Objectives	ACE Goal	Primary GPRA	Complexity	Target Population	Start Date	End Date	Progress – October 2008 through September 2009
Promoting Real Voices Real Choices ~ Workforce Development ~									
51. Peer Specialists Training and Certification: Continue training primary consumers to provide direct services within the CPS provider network using a training and certification model developed by Larry Frick/ Appalachia. <ul style="list-style-type: none"> Continue development of a Peer Specialist Support Network. Continue development of Missouri Trainers. Review rules, regulations and certification standards and modify or develop new rules as needed. Develop a mechanism for Peer Specialist Training to support Services to be provided as a DHE approved proprietary school. Work with the Veteran's Administration to establish a joint training partnership. 	DMH Division of CPS & OOT	2.2	C E	1 2 3 4	M	MI Adult	Qtr. 4 2006	Qtr. 2 2011	<ul style="list-style-type: none"> Three trainings have occurred: 90 consumers have completed the training statewide and 48 have been certified. Twenty-eight (28) supervisors have completed supervisory training. Additional peer specialist trainers have been trained. The Mental Health America of the Heartland submitted an application for proprietary school certification.
52. Family Support Training: Family Support Training provides participants – including parents of children with mental illnesses – the core competencies and skills sets to become Family Support Providers (FSP) within the comprehensive children's mental health system statewide. <ul style="list-style-type: none"> DMH will continue to provide training for family support provider trainees and their supervisors. Quarterly in-service trainings will be scheduled for continuing education. The DMH will develop policy and propose a rule change to incorporate family support into the service delivery system for youth. 	DMH OCCMH & Division of CPS	2.2	C	1 2 3 7	M	MI CY&F	Qtr. 2 2007	Qtr. 3 2010	<ul style="list-style-type: none"> A second round of two-part training occurred in January and March of 2009. Training of supervisors was incorporated into the trainings.

(See appendix for Legend of Abbreviations.)



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FFY 2010 Priority Actions	Lead Agency/Group and partners	Goal/Objectives	ACE Goal	Primary GPRA	Complexity	Target Population	Start Date	End Date	Progress – October 2008 through September 2009
Promoting Real Voices Real Choices ~ Leadership ~									
53. Consumer/Family and Youth Leadership Summit: Hold a Consumer, Family and Youth (CFY) Leadership summit to facilitate CFY leader dialogue, education and information-sharing across populations and lifespan that results in: <ul style="list-style-type: none"> Improved understanding of issues related to the different population and age groups, and knowledge of existing CYF resources currently available; Identification of mutual goals and sharing strengths across populations and lifespan; and Identification of priorities for a common agenda that promotes a CFY driven system and next steps that include focus areas/tracks for a 2009 Statewide Conference. 	DMH and TWG	2.1 2.2 2.3 2.4	A C E	2 8	L	All	Qtr. 3 2008	Qtr. 3 2008	COMPLETED ➤ The results of the summit, held in November 2008 produced a subsequent action item to establish a statewide consumer conference in 2009 and build the infrastructure for an annual conference. A conference planning committee was formed to plan the first conference. (See Action item #54.)
54. Consumer/Family and Youth Leadership Conference: Establish a committee of consumers to plan and implement an annual Consumer/Family/Youth conference. Based on recommendations of the Consumer, Family, and Youth Leadership Summit, the conference will focus across consumers, family, and youth of all the populations served by the DMH and across age span. <ul style="list-style-type: none"> A new conference planning committee will be formed. Attendance goal set for the 2010 conference of 500-600 participants. 	DMH and TWG	2.1 2.2 2.3 2.4	A C E	2 6 8	L	All	Qtr. 3 2008	Qtr. 4 2011	➤ Missouri's first statewide Consumer, Family and Youth Leadership Conference was held August 2009, with 304 individuals in attendance, which exceeded the conference attendance goal. ➤ Scholarships for attendance were provided to 88 consumers. ➤ A new conference committee has been formed to plan for the 2010 conference.

(See appendix for Legend of Abbreviations.)



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FFY 2010 Priority Actions	Lead Agency/Group and partners	Goal/Objectives	ACE Goal	Primary GPRA	Complexity	Target Population	Start Date	End Date	Progress – October 2008 through September 2009
55. Transitional Youth-Statewide Youth Network Development: Continue development of a cross-state representative statewide youth organization comprised of both consumers and other youths interested in mental health, substance abuse and developmental disability issues. <ul style="list-style-type: none"> Develop a strategic plan for creation of a formal statewide leadership network. 	TWG	2.1 2.2 2.3 2.4	A C E	4 6	L	Youth All	Qtr. 4 2009	Qtr. 3 2011	<ul style="list-style-type: none"> A Youth advisory group has been established to provide a voice for young people in mental health policy. An initial plan was developed and approved by the group. A name (Missouri Youth REACCH – Responding through Empowerment and Action to Create Communities of Hope), logo and mission was developed. The group established a Facebook page as part of Children's Mental health Awareness Week.
56. Peer and Family Participation in Certification, Monitoring and Quality Service Reviews: <ul style="list-style-type: none"> Implement guidelines developed by the CPS State Advisory Council to include peers and family members in the monitoring and certification of CPS funded community-based programs. Provide additional family training for participation in Quality Service Reviews (QSR) conducted at local system of care sites for children. Quality of life surveys will continue to be conducted through the DD Division's Money Follows the Person (MFP) initiative for each individual transitioning from a habilitation center to the community, and by the Self Advocates and Families for Excellence (SAFE) program for individuals residing in the community. MFP surveys are conducted prior to leaving the facility as well as 1 year and 2 years after transitioning. Surveys for both initiatives are conducted by family members and self advocates. 	DMH Divisions of CPS & DD, OCCMH, CSMT	2.4 5.4	A E	9	M	MI DD All	Qtr. 1 2008	Qtr. 3 2011	<ul style="list-style-type: none"> The Division of CPS has implemented guidelines to include peers and family members in the monitoring and certification of CPS funded community-based programs. Consumers participated in four certification site visits this past year. Training continues to be provided for families to participate in Quality Service Reviews. 23 persons were trained, including family members and 4 System of Care site visits were completed by trained team members. MFP reports 101 transitions from the habilitation center to the community for the DD population and 211 quality of life surveys completed on all target populations. SAFE reports 22 surveys completed, two being scheduled, and six pending consent for visit from the individual or a guardian. To date, there are 53 individuals trained in the SAFE program and nine others either waiting to be trained or working to complete paperwork.

(See appendix for Legend of Abbreviations.)



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57. Quality Service Review (QSR): The quality service review is a tool that measures the quality of interactions between frontline practitioners and children and their families and the effectiveness of the services and supports provided. Plans for FY 08 and 09: <ul style="list-style-type: none"> • Baseline data will be obtained from the 11 system of care sites and follow-up QSR will be conducted for mature sites. • Increase the number of local system of care teams using Quality service review (QSR) data. 	DMH OCCMH & Division of CPS & CSMT	2.4 5.4 6.3	A E	2 5	M	MI All	Qtr. 3 2006	Qtr. 2 2009	➤ Four local system of care teams are using Quality Service Review (QSR) data as part of follow-up site visits.

(See appendix for Legend of Abbreviations.)



Appendix

Legend of Abbreviations used in Action Plan

ACE Goals-measures of anticipated long-term impact

A-Improved Accountability

C- Increased Service Capacity

E-Increased Service Effectiveness

GPRA Goal-measures of infrastructure changes completed:

1= Policy Changes Completed

2= # of Persons in Workforce Trained

3= Financing Policy Changes Completed

4= Organizational Changes Completed

5= # of Organizations that Regularly Obtain and Analyze Data

6= # of Members in Consumer and Family Run Networks

7= Programs Implementing Practices Consistent with CMHP

8= Separate Evaluation Process

9= To Be Determined

Target Populations:

Persons served across agencies and/or systems that are at risk for or experiencing:

- MI = Mental illness
- ADA = Addictions
- DD = Developmental Disabilities

Note: This also covers the general public and service providers.

Age Group:

- CY&F = Children, Youth and Families
- A = Adults
- OA = Older Adults

Complexity of Implementation:

L = Low - action will be completed with ease during established timeframes

M= Medium - major components of action will be realistically achieved over course of plan timeframe/grant period resulting in significant progress to achieving overall objective

H= High - Action will require multiple years that will likely extend beyond plan timeframe

Acronyms Used:

AAA – Area Agency on Aging

ADA – Division of Alcohol and Drug Abuse

CPS – Division of Comprehensive Psychiatric Services

CSMT – Comprehensive System Management Team

DESE – Department of Elementary and Secondary Education

DHE – Department of Higher Education

DHSS – Department of Health and Senior Services

DMH – Department of Mental Health

DPS – Department of Public Safety

DSS – Department of Social Services

EBP – Evidence Based Practices

HSCC – Human Services Cabinet Council

MACDDS – Missouri Association of County Developmental Disabilities Services

MARF – Missouri Association of Rehabilitation Facilities

MHDC – Missouri Housing Development Commission

MHFA – Mental Health First Aid

MO-ACEs – Missouri Autism Centers for Excellence

MO-ANCOR – Missouri Chapter of the American Network of Community Options and Resources

MOU – Memorandum of Understanding

MIMH – Missouri Institute of Mental Health

MPC – Missouri Planning Council

DD – Division of Developmental Disabilities

OCCMH – Office of Comprehensive Child Mental Health

OOA – Office of Administration

OOT – Office of Transformation

PACs – Parent Advisory Council

SAC – State Advisory Council

SLRHC – St. Louis Regional Health Commission

TWG – Transformation Working Group

UMKC – University of Missouri—Kansas City

UMKC IHD – UMKC Institute for Human Development

(See appendix for Legend of Abbreviations.)





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